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The evolution of new practices designed to extend professional mental health services to a wider group rather than limiting the helping professions to a traditional one-to-one relationship has led to the use of consultation with other caretaking persons. This technique is discussed and its relationship to counseling, particularly in the elementary schools, is explored. The practices evolved during the Interprofessional Relations Commission on Pupil Personnel Services project at the University of Texas and a National Defense Education Act institute are described. (AUTHOR)

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Abstract

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The evolution of new practices designed to extend professional mental health services to a wider group rather than limiting the helping professions to a traditional one-to-one relationship has led to the use of consultation with other caretaking persons. This technique is discussed and its relationship to counseling, particularly in the elementary schools, is explored. The practices evolved during the IRRCOPS project at Texas and an NDEA Institute are described.

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The Case for Consultation

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The use of the word consultation in this article will be limited to a particular concept: that evolved originally by Gerald Caplan (1959) at Harvard, and the modifications developed by Ira Iscoe (1964) at the University of Texas. These modifications were implemented in two experimental situations, checking for effectiveness. These were: (a) The Interprofessional Relations Commission On Pupil Personnel Services (IRCOPPS) at the University of Texas (Pierce-Jones, 1965) and, (b) the NDEA Counseling and Guidance Institute held at the University of Corpus Christi during the summer of 1967 for counselors, nurses, visiting teachers, and classroom teacherw (McGehearty, 1966).

Originally, this idea of consultation arose with the Ziegist of the times. The conception which was becoming apparent to many people in many places was that the highly trained professional in the area of mental health could not possibly serve all those persons in need of help, and many ways were needed to improve this situation. Some of these ways have already been implemented in the rold of the paraprofessional aide who works with disturbed individuals, and the mature person, though less than professionally trained, who works as a counselor in some college counseling centers.

An application of the concept of consultation was originally formulated by Caplan because he was the only psychiatrist in Israel (Caplan, 1959). He had a background of experience in working with public health nurses that led him to feel that there must be some manner in which his professional skills could be used more effectively than in serving individuals on a one-to-one basis. Much of the work in community mental health comes from this basic idea: that the professional can be more effective in other than one-to-one relationships. They can work with the caretakers, who work with the clients, rather than with the clients themselves. A psychiatrist, psychologist, or social worker can work with ministers, teachers, law officers and other "caretakers" so that these people become more effective in their relationships with individuals seeking help. Thus, the need for intensive care in an institutionalized setting for some, and a more mentally healthy climate for others results in a more effective coping with the problems of living in our complex society.

The hypothesis that a community mental health center could be devoted exclusively to consultation was tested in Range County Minnesota by a group including a psychiatrist, two clinical psychologists, and a social worker (Hunter, 1967). This center is currently in operation, after five years, headed now by William Hunter, one of the original group. The experience has taught them that consultation is important. However, it is not the only solution to problems. They have added individual case service, and other more traditional ways of working with clients. Yet, the major thrust of their program is to use the resources of the community caretakers to deal with individual and community problems.

The IRCOPPS study at Texas was designed as a research project to test the hypotheiss that the intervention of a Child Behavior Consultant into a school setting could influence the school personnel behavior toward children in such a manner that change would occur. The results of this study are

still being analyzed and hard data will be forthcoming to evaluate the degree and direction of change. The judgment of those involved in the process has been that the program was highly effective. Consultants were drawn from near-doctoral level graduate students in the departments of psychology and educational psychology at the University of Texas. They were assigned to elementary schools in Austin and in San Antonio's Northeast School District to visit schools as consultants for a half-day each for a period of two years.

The experience gained in working with this project enabled the development of a body of knowledge felt to be useful to other persons with a lower level of professional training. This led to the inclusion of instruction in consultation as a major part of the program of the NDEA Institute held at the University of Corpus Christi the summer of 1967. The Institute was designed to obtain certain objectives, the primary one being a more effective use of persons already engaged in guidance activities in the elementary schools of the Corpus Christi Independent School District. This model was established in view of the tremendous need pointed up by Eckerson and Smith in their survey of services of this area in the South and Southwest of our nation (Eckerson & Smith, 1966). The program evolved as one which could be implemented by other schools as part of their in-service for all pupil personnel workers. Concurrently with instruction in consultation, human growth and development, pupil personnel services, and group processes, the members were involved in Sensitivity Process Groups with Dr. Richard Austin, a specialist in group therapy and experienced in National Training Laboratory methodology, who worked with them to develop skills in understanding themselves in order to use themselves more effectively as tools in working with others. In addition, they were engaged in field work regularly, and met in Task Groups involving all disciplines. The effectiveness of this program remains to be tested during the coming year. The participants will meet with the Director of the Institute in monthly in-service meetings. Research data is being collected to evaluate the effectiveness of the program.

The usefulness of the techniques of consultation and understanding of personality dynamics and other specialized areas should enable them to use this additional tool with a great measure of success. Unfortunately, some persons have seen counseling and consultation as incompatable. Sometimes the persons who are involved in counseling and guidance work lose sight of their ultimate objective: the development of the individual person so that he learns more effectively, is more self-actualized, and more competent within the limits of his capacity to operate effectively. The role of the counselor sometimes becomes what Allport has called functionally autonomous and serves to perpetuate itself without further exploration of whether the role is still an appropriate one, or whether it could be modified to achieve more effectively, the total goal desired (Allport, 1937). One wonders what the needs of the individual counselors are, perhaps to ecperience the intimate one-to-one relationship, which may prevent them from stepping back and realistically appraising their work.

Let us hasten to note that there are two major difficulties confronting school counselors: (a) they face the reality of demands of principals, institutions of higher learning, planning programs, etc., and withdraw, to a degree, into their own little world of compulsively attempting to meet the overwhelming demands of paperwood which needs doing by someone. They never face the problem of analyzing the total task--a job analysis, if you will--that would enable them to delegate many of the ornoreous chores to others of paraprofessional level so as to be free to work with students,

teachers, parents, and administrators. Or, (b) they become so immersed in the needs of a few individual students that they fail to view the overall problems of the entire student body and its needs.

This is not to deny the validity of the need for students to have some person with whom they can interact maturely and realistically (Ofman, 1967), nor is this to deny the need for counselors to work with individuals so that they do not lose sight of the depth and complexity of individual behavior. Persons who work with children, adults, or any other particular group of individuals will maintain their depth of understanding more adequately through continued individual contact. The amount of assistance that can be given by a school counselor to all students is quite small. The empirical value of counseling for the students as a whole, at least, in most grossly understaffed situations, is questionable. The counselor cannot possibly counsel effectively more than a small percentage of the students assigned. The morality of expending a public employee's time upon a few students while others receive no service may be questioned. Yet, the most compelling reason for the counselor to continue counseling, from this author's viewpoint, is in order to maintain contact in depth with the feelings and reactions of the students. Many times the counselor may be in contact in depth with a large sampling of various kinds of students, and from this he may be able to assist other persons in the social system of the school to understand the dynamics involved in certain problems which are widespread. The knowledge of a few may be extrapolated to a number of situations which may be interpreted by the counselor, using the methods of consultation, so that the greater number will be aided.

The value system espoused by this author is that the professional should use his skills to more effectively influence the behavior of as many persons as possible. This is in conflict with a very strong ethic of Western civilization, i. e., the valuing of an individual over the group. Yet, we need to devise ways of reaching more persons as persons in our constantly expanding and loose-knit society. We must do this without excluding the large numbers of others. Many school personnel have been strongly influenced by the idea that it is better to help one disturbed student, even if there is "just a noticeable difference," and even if it takes a tremendous toll of that person's time and energy, than to fail to respond to the one in need. The fallacy of this line of logic is that there may be large numbers of others who could be helped to become more self-actualizing, and perhaps vastly greater contributors to an improved society for all through the guidance of a sensitive counselor, or a caretaker who has a counselor as a resource. Again, logic indicates that a professional can best spend his time in whatever activity will bring the greatest good to the greatest number. The greatest efficiency will be yielded through consultation with the caretakers who in turn will relate positively as persons to those in need of warm, personal concern, thus meeting some of those needs which will prevent the poignant feeling of alienation mentioned by May (Hall, 1967). The professional or counsultant who enables the caretaker to be that person who is close to the client is assisting others in developing a healthy openess and genuineness with each other. This may be threatening to the professional counselor. It would mean that part of what he has been trained to do over so many years, and with so much arduous study, can be done as effectively by another person with less training. This concept was expressed by Iscoe (1965) when he stated that the person who is a good consultant must already have had his interneship in "saving souls." The mature person does not experience such a trementous need for intimacy in his prpfessional role, nor such a need for credit for the improvement of a situation. He is the one

who can remove himself a step to gain a more objective role and become more useful in indirect ways.

Just how does the process of consultation differ from that of counseling? Certainly, the philosophical base is similar. Both processes move toward helping a person to help himself. One of the major goals of the consultant is to help the consultee to recognize his own strengths and weaknesses and the ways in which he may perform more effectively as a person with another person: the client, whether he be parishioner, student, law-breaker, or ordinary citizen.

The major difference in the actual technique of counsultation (as narrowly defined--there are many other varieties of consultation), focuses the interview on a third party, rather than on the person confronting the professional person. There is a genuine sense of peer relationship. The professional is bringing with him a body of knowledge, and the consultee has at his command a different body of knowledge from a different discipline. The sharing of knowledge is a very real part of the process. More closely allied to counseling, the consultant is listening to the consultee tell about the case he brings with his "third ear", exercising every particle of the professional skill at his command to evaluate the person in front of him, and to understand his phenomenological world. He tries to move into the frame of reference of the consultee and see the world through his perceptual frame-work. Suppose the consultant is a counselor in an elementary school and the consultee is a teacher. They are discussing a child who is having difficulty learning. The consultant will try to perceive that child through the eyes of the teacher on one level of consciousness, then on another level he will be evaluating the data fed into his own information system from the teacher and the several other resources at his command. By this data, he is better able to establish an external reality concerning the teacher and the child.

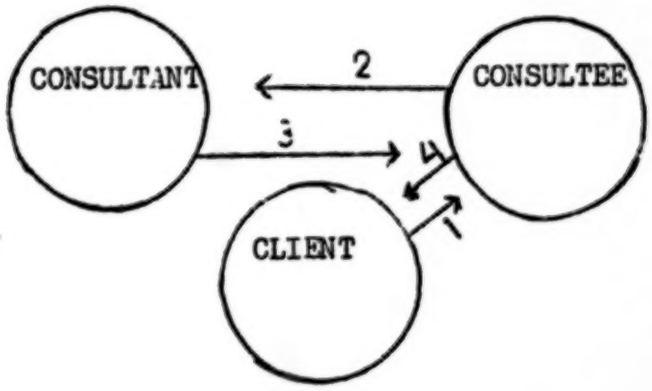
He will then attempt to present "messages", in the language developed by Caplan(1959), in response to the "theme" he senses in the consultee (teacher). The "theme" may concern a rejection of children who are dirty and who do not seem to have any concern for their filthy condition. Perhaps, a good consultant may sense, from the teacher's frame of reference, this particular condition represents an attitude of not caring, of an ego threat to the whole of the teacher's value system. The consultant may be able to respond to the teacher's reaction through a story concerning other children like this; how they had never been taught any different, or how their father was a laboring man who was respected for his honest sweat every day, or whatever variation of message may seem comprehensible to the teacher. These messages are always presented as possibly related to the present situation. This leaves the consultee a graceful, non-threatening way of disagreeing. If the consultant is operating effectively, the consultee will agree with the idea the consultant is presenting. Figures I and 2 indicate these relationships.

One of the major advantages of this approach versus the counseling approach is that the teacher, entering the relationship as a peer with the consultant, is protected from invasion of her privacy. Typically, a counselor will focus on the teacher and her feelings toward the client, probing perhaps for other feelings related to this situation. There is the ever present danger, if the counseling is effective, of overexposure. This will create tension between the working partners. Faust (1967) has pointed out that ideally teachers should be counseled by someone outside their own school

setting, while their counselor can act as consultant to them quite successfully. In consultation, the message is given, and if it is not accepted by the consultee because of poor timing, or for other reasons, nothing is lost. The defensive walls do not arise in the same way they might, should the counselor say, "You really do not like dirty children, do you?" If the consultant is tentative in presenting--"I'm not sure this is the same as the case you have presented, but I once knew a student who--": or, perhaps, "Sometimes a plain, physical pat on the back will give a child the encouragement to feel worthwhile", or whatever, still gives the consultee room to disagree. Perhaps, the response might be, "The student you described is not like the one I have". Sometimes the difference might be quite real, and this gives the consultant a realistic check on his perception. Or, "But, if I give him a physical pat he dodges me, and glares". Then, these new ramifications may be dealt with, including perhaps, the distrust on the part of the latter child of any adult.

Hopefully, this sketchy presentation has not distorted the basic concept of consultation. The past summer's work with counselors, nurses, visiting teachers, and classroom teachers taught us all that one of the most common problems of the person thrust into the role of consultation is the need to have the right answer. The consultant does not always have any answer, much less the right one. The openess with which he faces this with the consultee helps them both work through the nature of the whole problem. The guidance workers involved in the summer program learned to listen, and to hear what the other person was saying. As the year progresses they hope to be able to apply the technique described to their work setting with their peers. More detailed information concerning consultation as a process may be found in the references.

OVERT LEVEL OF COMMUNICATION



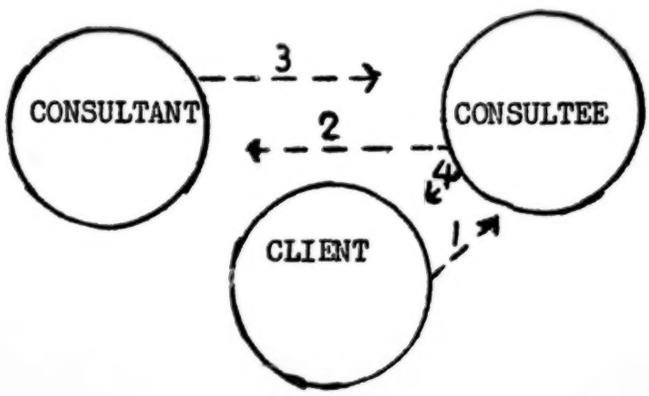
1. Client's input to consultee

2. Consultee's perception of input from his phenomenological framework

3. Consultant's feedback of professional expertize regarding client as reported by consultee, or feedback of support of consultee's interpretation

4. Consultee's treatment based on gain in knowledge or reinforcement of previous tentative ideas

COVERT LEVEL OF COMMUNICATION



1. Client's impact upon internal dynamics of consultee

2. Consultee's non-verbal cues, etc., communicating the nature of the blocking experienced

3. Consultant's overt message incorporating input designed to alleviate specific blocking or distortion

4. Consultee's reception of message enabling more professional response to client

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